

Gerd W. Clabaugh, MPA Director

Child's Name:

Terry E. Branstad Governor Kim Reynolds Lt. Governor

## **CERTIFICATE OF BLOOD LEAD TESTING EXEMPTION FOR RELIGIOUS REASONS**

Last:	First:	Middle:	Date of Birth:
We want you to understand some facts prior to signing this religious exemption form.			
both in urban and rural are built before 1960. Lead po	eas, were built before 1960. Disoning can also be caused ide the United States, by us	Your child could be lead-poiso by eating non-food items such	0. About 60% of the homes in Iowa, ned from spending any time in a building as dirt, by playing with toys or wearing by eating food imported from Mexico,
Most children with lead poisoning do not look sick. Lead-poisoned children may be easily excited, have problems paying attention, complain of stomach aches and headaches, or be more tired than usual. Lead-poisoned children may have learning problems when they start school. Children with very high lead levels may have severe brain damage or even die. The only way to tell if your child is lead-poisoned is to have their blood tested. Your refusal to allow your child to receive a blood lead test could have significant consequences for your child's future health, development, and school achievement.			
	ant additional information a		ble to minimize the effect on your child. , please call the Iowa Department of
above facts. I hereby rele Department of Public Healt and agencies for any liabili	ase, waive, discharge, and o th, and the state of Iowa, a ty, claim, and/or cause of a	covenant not to sue my child's h nd all employees, officials, staff ction arising out of my refusal t	I have read and fully understand the nealth care provider, the Iowa, agents, and volunteers of these entities o have my child tested for lead poisoning that my child was not tested for lead
treatment for a sick or inju	red child. Be advised that i		ligation to provide necessary medical I duty to report your child as neglected if it.
sincere religious belief. The applicant's or transfer stud	e certificate of blood lead to ent's parent or guardian an	esting exemption for religious red shall attest that the belief is in	lead testing conflicts with a genuine and easons shall be signed and dated by the n fact religious and not based merely on The certificate is valid only when
Signature:		Date:	
	Parent or Guardian		
State of:		_ County of: _	
This instrument was acknown	wledged before me on		
		Date	
by			Seal or Stamp
Name(s) o	of Person(s)		д 1111 11 11111.
Signature of Notary Public			